



**MCLEAN COUNTY
MENTAL HEALTH ADVISORY GROUP TO THE
EXECUTIVE COMMITTEE FOR THE COUNTY BOARD - NEEDS
ASSESSMENT
NOTICE OF MEETING AND AGENDA**

**Government Center, Room 400
115 East Washington Street
Bloomington, IL 61701**

**Wednesday, June 4, 2014
8:00 a.m.**

1. Roll Call
2. Approval of Minutes of Meeting –May 21, 2014
3. Items to be Presented for Action:
 - A. Statement of Needs for Jail, Housing and Case Management
4. Review of Committee:
 - A. Summary
 - B. Participants
 - C. Interviews
 - D. Minutes
5. Meeting Dates for Joint Committee Meeting with Best Practices Committee Representative
6. Announcements and Acknowledgments
7. Adjourn

Minutes of the Needs Assessment Advisory Group

The Needs Assessment Advisory Group met at 8:00 AM on May 21, 2014 in Room 400 in the Government Center; 115 East Washington Street, Bloomington, IL.

Members Present: Mr. John McIntyre (Committee Chair), Ms. Susan Schafer (Committee Vice-Chair), Mr. Mike Emery (Sheriff), Judge Rebecca Foley (Circuit Court), Ms. Cheryl Gaines (Town of Normal), Mr. Ron Morehead, Mr. Ken Natzke (OSF), Ms. Rebecca Powell (Community Cancer Center), Mr. Carlo Robustelli (County Board), Mr. Alan Sender (Chestnut Health Systems), Ms. Karen Zangerle (PATH)

Members Absent: Mayor Chris Koos (Town of Normal), Mr. Ben Owens (County Board), Mr. Matt Sorensen (County Board, ex-officio)

Staff Present: Ms. Hannah Eisner, Assistant County Administrator; Ms. Amy Brooke, Recording Secretary

Others Present: Mr. John Sandage (Sheriff's Department), Ms. Laura Beavers (Health Department), Ms. Mary Ann Poulin (Home Sweet Home), Mr. Matt Burgess (Home Sweet Home), Mr. Tom Fulop (Salvation Army/Safe Harbor), Ms. Melissa Newbill (Salvation Army/Safe Harbor)

Meeting was called to order at 8:10 AM.

Ms. Zangerle motioned to approve the minutes. Mr. Robustelli seconded. Motion carried.

Ms. Poulin and Mr. Burgess from Home Sweet Home presented on case management at their agency.

The shelter at Home Sweet Home can serve up to ninety men, women, and children of all ages. Recently that number has been somewhat lower due to the need to do repairs in some rooms. Those wishing to reside at the shelter go through a screening and a comprehensive assessment to determine if the shelter is an appropriate place for them. Forty to fifty additional people come in for meals and thirty to fifty households are served through the food pantry.

In fiscal year 2013, 40% of those in the shelter had a mental illness. Thirty-three percent had an addiction with some of those being co-morbid with mental illness. There were also 13% of the residents who were veterans who were homeless because of a mental illness. Many of the women and children were at the shelter because they were fleeing some type of domestic violence or abuse.

A key component of the services at the shelter is case management. The goal is to get residents to a place where they can function successfully in their own homes. Due to a lack of resources, aftercare upon leaving the shelter is very limited. Mr. Burgess referred to this as a cliff of support. The clients go from a place with significant day to day support to one with no on-going support. This can lead to a sense of isolation which is compounded by a lack of community, family, or friends.

As the clients are preparing to move out of the shelter, one of the priorities for case managers is to connect them to other supports: faith based, other agencies, supportive employment opportunities, etc. Mr. Burgess also spoke about a need for the community as a whole to develop a sense of community around these individuals. He doesn't want the community to expect them to settle for less because they are mentally ill.

Mr. McIntyre asked about psychiatric services for clients. Mr. Burgess stated that while they are in the program, they have access to counseling and psychiatric medications. Judge Foley asked if medication was a required of residents. Mr. Burgess stated that there aren't any hard and fast rules. Adults have the ability to make choices. If they feel that a client may need counseling or medication, case managers work hard to build a relationship that will allow them to encourage clients to engage in these services.

Ms. Poulin informed the group that while they do let adults make decisions, they are also conscious of safety. It takes a certain level of functioning to live in the shelter setting. Mr. Robustelli inquired if the number of clients they are seeing has increased or decreased. Ms. Poulin said that the need has increased and that there is a waiting list – especially for women with children.

They do not track the numbers, but it is not unusual for clients to cycle back around. Some cannot sustain changes without support.

Mr. Burgess described the population they serve as "people living on the margins of society." They lack a natural support network. If he is "off" from how he normally is, people notice and address it quickly. Small issues can be addressed before they mushroom. With these clients, they often cannot get the help they need until they are in a crisis.

Ms. Schafer asked about transportation. Mr. Burgess shared that they often give out bus tokens. They have a minivan, but overall, clients find transportation difficult.

Mr. Morehead asked how they track if a client has followed through on a service to which they have been referred. Mr. Burgess shared that most of the communication is obtained after releases of information have been filled out. Due to being unable to encrypt information, most

of the communication is verbal. Ms. Poulin agreed that sharing information on line would be easier but added that there is a concern about confidentiality. Currently there is an electronic system for tracking contacts with the homeless. System users can only see contacts rather than other information.

Mr. Emery inquired as to what happens if they determine a client is a risk. Mr. Burgess stated that who they contact depends on the nature of the risk – crisis team or police. Most often it is the crisis team. Mr. Robustelli asked how they felt the response from the crisis team was. Mr. Burgess stated they were pleased with the in-person responders.

Mr. Fulop and Ms. Newbill shared about the Salvation Army/Safe Harbor. Safe Harbor is now open 24/7. There are 58 beds. This winter the number of those staying at Safe Harbor rose to 85. People just needed out of the cold. Since they do not serve children, they can take individuals who may be turned away from everyone else. They take people in until they become a safety risk for others. They provide case management, job development, and spiritual development.

Clients typically stay for eight weeks, though this may be flexed if a client is actively engaged in the case management plan. Once they leave Safe Harbor, they must be gone for a period of three months before returning. They can return if they were not a disciplinary problem.

Safe Harbor has seen an increase in the number of people they have served:

FY 2010:	393
FY 2011:	458
FY 2012:	520
FY 2013:	548
So far in FY 2014:	514

A mental illness assessment is done at intake. They will also accept a self-declared declaration of mental illness or if the staff know from a previous stay that the person has a history of mental illness. In the last few years, the number of those with mental illness has increased:

FY 2010:	28.8%
FY 2011:	25%
FY 2012:	37%
FY: 2013:	37%
So far in FY 2014:	35%

So far this fiscal year, 181 have been assessed as having a mental illness. Mr. Fulop estimated that 68 were medicated and 120 were not medicated. More often than not, they are not medicated.

Money is often a reason for not taking medication. Some people have to decide between psychotropic medication and medication for a physical ailment. Some clients may be on disability. The staff encourages these clients to select a payee. Often the clients pick family members who may take advantage of the client. Staff suggests working with PATH or the Center for Human Services as the payee.

Case management is a requirement for staying at Safe Harbor. If they are unwilling to comply, they are asked to leave. If the staff suspects that a client needs to speak with a therapist but the client is resistant, the staff encourages two on-site therapists, Ms. Cheryl Gaines and Ms. Julie Bozarth, to make casual contact with the client.

Ms. Newbill reported having lots of contact with the staff at the Center for Human Services. Ms. Zangerle asked about her perception of the quality of the work. Ms. Newbill reported that they are quick to respond if someone is an imminent danger to themselves or others. In other circumstances, they are slow to respond. Mr. Fulop reported a situation in which they referred a client to the Center for Human Services and the diagnosis came back that the client was "an odd duck." That was not helpful for the staff at Safe Harbor in knowing the best way to manage the client. The lack of quality assistance becomes a bigger issue in the winter when Safe Harbor's policy is to not turn anyone away.

Ms. Beavers asked why clients had such a difficulty accessing psychiatric services. Mr. Fulop reported it is largely a lack of financial resources. Some clients are able to obtain medical cards and some aren't. There does not seem to be a way to predict who will be granted a medical card. The lack of psychiatrists in town also makes accessing psychiatric services challenging.

Ms. Gains added that many of these clients may lack follow through. This can be very challenging for providers.

Mr. Fulop stated that some clients simply refuse treatment. They will serve those clients until there are safety issues. They try to use Ms. Gaines and Ms. Bozarth as a way to encourage clients to consent to psychiatric services.

Ms. Sullivan estimated that between Home Sweet Home and Safe Harbor there are 150-180 beds but there is still a waiting list. Mr. Burgess cautioned adding more crisis/temporary beds at the cost of permanent housing. It is incredibly disruptive to life to not have a home. They want their clients to "experience home sweet home in their own home."

The lack of psychiatric beds was discussed. Mr. Fulop stated that a very small percentage require involuntary hospitalization. Mr. Burgess stated that if a child needs to be screened, SASS is contacted.

Mr. Fulop said that the community does well at providing services to the homeless. They do not do as well with people who need continued follow-up after leaving the shelters. The community needs to move away from transitional housing and move towards supportive housing. Mr. Burgess added that the idea should be housing *first* rather than *only* providing housing.

Mr. Fulop stated that people want to feel valuable and to be able to express who they are. There is a need for affordable, sustainable, supportive housing. The community needs to provide a more decent place for people to live.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Amy Brooke".

Amy Brooke, Recording Secretary

JAIL

1. McLean County Jail needs specialized housing to provide a therapeutic environment for those incarcerated who cannot adapt to a general population setting.
2. McLean County needs to provide appropriate training for Correctional Staff specifically regarding situations that occur with the mentally ill in a correctional setting.
3. McLean County Jail needs current technology for correctional needs assessment and classification and case management for those who have been diagnosed with mental illness.
4. McLean County Jail needs to be able to provide for an increasing number of incarcerated individuals access to psychiatrists and counseling, currently 28% diagnosed as mentally ill with 10% receiving psychotropic medication.
5. McLean County needs step-down housing to those individuals diagnosed with mental illness released from corrections facilities.
6. McLean County needs to utilize evidence-based practices in the corrections arena to reduce recidivism.
7. McLean County needs to provide access to case management, medications, counseling within 24 hours of release from jail.
8. McLean County needs to collaborate with all agencies involved with a former inmate with a mental illness to provide a continuum of care following release to reduce recidivism.
9. McLean County Jail needs to work cooperatively with other agencies to pursue the purchasing power of expensive psychotropic medications, currently costing \$11,000 per month.
10. McLean County needs to examine whether corrections and on-corrections services can be coordinated for efficiency and consistency.

HOUSING

1. McLean County needs to increase the number of supportive housing beds from 84 beds to a minimum 180, which needs to include step-down, transitional, and permanent types.
2. McLean County needs to engage the Bloomington Housing Authority and local property owners to provide additional housing alternatives.
3. McLean County needs to pursue federal, state, and local funding sources for permanent supportive housing.
4. McLean County needs to ensure that housing is accessible to those with disabilities, chronically mentally ill, veterans, and homeless populations needing continuous care.
5. McLean County needs to review qualification criteria along with the time required for acceptance into various housing alternatives.
6. McLean County needs to integrate and collaborate with housing providers and incentivize the collaboration based upon data driven outcomes.

CASE MANAGEMENT

1. McLean County needs integrated inclusive collaboration for case managers from local agencies working with behavioral health clients, including homeless, developmental disabilities, adolescents, substance abuse, family, school, etc. in a proactive manner.
2. McLean County needs to integrate and encourage shared release of information for the mentally ill in order to provide holistic care, where able for core information.
3. McLean County needs to advocate for changes to the Mental Health Code and the Developmentally Disability Confidentiality Act in order to share core information between agencies who are providing services to the behavioral health clients.
4. McLean County needs a public model of the DataLink system for all agencies.
5. McLean County needs a case management system to work within existing structures or to engage new structures to minimize the duplication of services and to meet behavioral health needs with support at the leadership level.
6. McLean County needs to seek funding sources and alternatives for social services agencies to convert records to an electronic system.
7. McLean County needs to seek a central point of intake and provide wrap around services, which include basic needs with natural and creative supports along with follow up services.
8. McLean County needs to leverage its political lobbying to obtain funding.
9. McLean County needs to entice, retain, and cross train case managers to aid in expanding efficiency.
10. Mclean County needs a community wide support system for case managers that would include (but not limited to) the faith based community, volunteers, and private organizations that would provide resources to the diverse segment of the behavioral health population.
11. McLean County needs to evaluate the current/active case management system and effectiveness of previous case management services.
- 12.